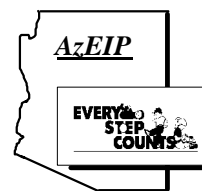


## Chapter 2



# MONITORING

## Arizona Early Intervention Program

### Table of Contents

<b><u>Section</u></b>	<b><u>Page</u></b>
<b>2.0.0 Continuous Monitoring and Quality Improvement System</b>	<b>2</b>
<b>2.1.0 Authority</b>	<b>2</b>
<b>2.2.0 Introduction</b>	<b>2</b>
<b>2.3.0 Policy</b>	<b>2</b>
<b>2.4.0 Procedures</b>	<b>3</b>
2.4.1 Family Surveys	3
2.4.2 Program Self-Assessment	4
2.4.3 Desk Audits by DES/AzEIP	5
2.4.4 Site Reviews	6
2.4.5 Corrective Measures and Remedies	8
<b>2.5.0 Local Reporting</b>	
2.5.1 Authority	9
2.5.2 Overview	9
2.5.3 Policy	9
2.5.4 Procedures	10
<b>2.6.0 Determinations</b>	
2.6.1 Authority	10
2.6.2 Policy	10
2.6.3 Procedures	15

### **2.0.0 Continuous Monitoring and Quality Improvement System**

**2.1.0 Authority:** 20 U.S.C. 1435(a)(10)(A); 34 C.F.R. §303.501.

#### **2.2.0 Introduction**

The purpose of the Continuous Monitoring and Quality Improvement System (the ‘Monitoring System’) is to improve experiences and outcomes for families using a comprehensive, coordinated, interagency monitoring system that takes a multi-faceted approach to improving both compliance and program performance through direct linkages between monitoring, technical assistance, and personnel systems. The Monitoring System links with (a) the Technical Assistance System to provide guidance and assistance to programs and agencies regarding IDEA, Part C, AzEIP policies and procedures, and State initiatives, and (b) the Comprehensive Professional Development System, which sets the personnel standards and requirements for professionals working in the early intervention system. AzEIP is responsible for general supervision and monitoring of agencies and providers in the Arizona Early Intervention Program and works with them to correct identified noncompliance and needed program improvement.

#### **2.3.0 Policy**

1. The purpose of all monitoring activities is to identify areas of compliance and noncompliance, correct identified noncompliance with IDEA, Part C requirements and AzEIP policies and procedures, develop corrective action and program improvement plans, and ensure that identified noncompliance is corrected as soon as possible, but no later than one year from the time of identification.
2. Arizona’s Monitoring System provides agencies and programs with support offered through its Technical Assistance System. Support is also available throughout the monitoring process to aid in each program’s Program Self-Assessments (PSA), preparation for on-site monitoring visits, the development and implementation of corrective action and/or program improvement plans, and demonstration/documentation of compliance.
3. The Monitoring System focuses on five cluster areas and performance indicators:
  - A. General supervision;
  - B. Child find and public awareness;
  - C. Early intervention services in natural environments;
  - D. Transition; and
  - E. Personnel.

These cluster areas align with the current monitoring priorities and indicators of the United States Department of Education, Office of Special Education Programs and may change over time.

4. As family-centered principles and practices are embedded in early intervention, they are measured throughout the cluster areas and performance indicators.
5. The monitoring system includes the following components:

- A. Family surveys;
  - B. Program Self-Assessments;
  - C. Periodic desk audits by AzEIP (which includes a review of local and statewide data from multiple data sources, including automated data systems, family complaints or grievances, and programmatic and financial reports);
  - D. Cyclical site reviews and/or focused monitoring reviews;
  - E. Corrective Action and/or Improvement Plans; and
  - F. Technical Assistance.
6. In the cycle or year that the agency or provider/contractor receives an on-site visit, the corrective action/continuous improvement plan will be revised to include results from the PSA and findings from the site visit into a single plan.
7. The Intergovernmental Agreement, required under A.R.S. §8-652 to implement AzEIP, ensures corrective action according to its terms, relevant law, and policies and procedures, to correct persistent deficiencies.
8. AzEIP ensures the enforcement of corrective measures and remedies in conjunction with the monitoring system, including:
- A. Implementing a corrective action plan, including timelines for implementation;
  - B. Requiring the submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
  - C. Conducting focused monitoring visits to review files, meet with staff, identify strategies for improvement and prepare a plan to address areas of non-compliance;
  - D. Revising contract terms and provisions when necessary and with appropriate notice;
  - E. Adjusting or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;
  - F. Suspending all or part of the contract; and
  - G. Terminating the contract in whole or in part.

## **2.4.0 Procedures**

### **2.4.1 Family Surveys**

1. The Service Coordinator distributes the AzEIP Family Survey to families, along with a self-addressed, postage prepaid envelope, at each annual IFSP and at, or near, the family's exit from early intervention.
2. Families send the completed surveys directly to the AzEIP office for data input and analysis.
3. Annually, AzEIP will provide each agency and qualified vendor with a summary of the family survey results for their program.

4. Each program will reflect the survey results in its program's self-assessment. Identified areas of potential non-compliance will be verified, and if verified, addressed in the program's corrective action plan.

#### 2.4.2 Program Self-Assessment

1. Annually, AzEIP service providing agencies and contractors providing service coordination will complete (or update) the Program Self-Assessment (PSA) and submit to AzEIP and, if contracted, their contracting agency. See **Appendix A** for a copy of the PSA.
2. The PSA requires the reporting of information and data on compliance for the following State Performance Plan indicators, as applicable to the agency or program:
  - A. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner;
  - B. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children;
  - C. Percent of infants and toddlers with IFSPs who demonstrate improved (1) positive social-emotional skills (including social relationships); (2) acquisition and use of knowledge and skills (including early language/communication); and (3) use of appropriate behaviors to meet their needs;
  - D. Percent of families participating in Part C who report that early intervention services have helped the family (1) know their rights; (2) effectively communicate their children's needs; and (3) help their children develop and learn;
  - E. Percent of infants and toddlers birth to one with IFSPs;
  - F. Percent of infants and toddlers birth to three with IFSPs;
  - G. Percent of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline; and
  - H. Percent of children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including: (1) IFSPs with transition steps and services; (2) notification to Local Education Agency (LEA), if child is potentially eligible for Part B; and (3) transition conference, if child is potentially eligible for Part B.
3. Data sources used to develop the PSA include:
  - A. Family surveys and interviews, exit interviews, and community feedback;
  - B. Review of family complaints or grievances;
  - C. Child tracking data from FOCUS, ACTS-4, or other automated AzEIP approved data system;

- D. A review of 10% of randomly selected child files, at least two per service coordinator, utilizing the Child File Audit Guide (See **Appendix B** for the Child File Audit Tool and Guide);
  - E. 100% personnel file review, utilizing the Personnel File Audit tool (See **Appendix C** for the Personnel File Audit tool);
  - F. Review of policies and procedures manual, if applicable;
  - G. Progress toward correction of previously identified noncompliance, including implementation of previous corrective action plan; and
  - H. Supervisory themes and discussions, such as supporting staff on writing the components of the Individualized Family Service Plan.
- 4. The AzEIP service providing agencies and contractors providing service coordination will prepare and submit a corrective action plan (CAP) and/or program improvement plan outlining strategies and activities to achieve results, projected timelines (one year or shorter), available resources, and technical assistance needed to correct any areas of non-compliance, to their contracted agency, if appropriate, and to AzEIP for review and approval as part of the Program's Self-Assessment. A sample CAP is in **Appendix D**.
  - 5. Once a CAP is approved, progress updates will be submitted, at specified intervals, to AzEIP, and their contracted agency, if required, of progress and persistent challenges in bringing their program into compliance within one year.
  - 6. When a program has reached compliance for all items in the CAP, AzEIP will conduct a verification visit to confirm that the non-compliance has been corrected.
  - 7. The one year measurement for compliance begins the date DES/AzEIP notifies an AzEIP service providing agency in writing of its noncompliance, to the date DES/AzEIP notifies the agency in writing that the noncompliance is corrected.

#### 2.4.3 Desk Audits by DES/AzEIP

- 1. AzEIP conducts a review of all existing data submitted to the AzEIP office by the AzEIP service providing agencies and contractors and analyzes the data to identify areas of strengths and areas in need of correction/improvement planning, including:
  - A. Review and verification of program self-assessment findings ;
  - B. Analysis of family survey data;
  - C. Analysis of child indicator data;
  - D. Review and analysis of child tracking data from ACTS-4, FOCUS, or other approved data systems;
  - E. Review of family complaints or grievances;
  - F. Review of agency and/or program policies and procedures, if applicable;
  - G. Corrective action plan development or review, including progress reports; and

- H. Review of regular programmatic and financial reports.
- 2. If areas of non-compliance are identified through the desk audits, AzEIP may:
  - A. Require the program to submit further information at required intervals, documenting progress or verifying that the problem has been corrected;
  - B. Conduct a focused monitoring site visit to verify findings of the desk audit, if needed; and
  - C. Provide technical assistance to the program in analyzing the areas of non-compliance and in developing or updating a corrective action plan to bring the program into compliance within a year or less.

#### 2.4.4. Site Reviews

- 1. Within the stipulated 5 year monitoring cycle, AzEIP conducts comprehensive site monitoring of programs. See **Appendix E** for the statewide cycles for monitoring visits.
- 2. Site reviews may occur outside of the monitoring cycle (“focused monitoring”) if deemed necessary to investigate a system complaint or information indicating a serious issue in regard to service delivery and/or program and fiscal management.
- 3. For site visits scheduled within the monitoring cycle, monitoring teams are formed to participate in the monitoring. The teams include:
  - A. A State Agency Team (SAT) comprised of AzEIP staff and state level AzEIP service providing agency representatives, when appropriate. The SAT is individually designed, depending on the program being monitored and the contracts held with the AzEIP service providing agencies. The SAT is responsible for:
    - (1) Reviewing program self-assessments;
    - (2) Review of policies and procedures, if applicable;
    - (3) Conducting site or focused monitoring reviews (including the training for the Local Agency Team on the monitoring process and instruments);
    - (4) Providing technical assistance;
    - (5) Approving and monitoring corrective action plans; and
    - (6) Verifying program compliance.
  - B. A Local Agency Team (LAT) put together by the agency or contractor being monitored may consist of program administrators, supervisors, service coordinators, contracted service providers, and family members. The number of members on the LAT depends on the number of children and families served by the program being reviewed. The LAT is responsible for:
    - (1) Participating in the site review by attending the entrance meeting;
    - (2) Conducting child and personnel file audits with the SAT;
    - (3) Setting up home visit observations for the SAT members; and

- (4) Participating in the corrective action/improvement planning process, when indicated.
- C. The procedures for scheduling a site visit within the monitoring cycle are:
  - (1) Approximately two months prior to the scheduled review, DES/AzEIP sends notification in writing of the date and time of the site visit.
  - (2) The notification will include a description of the process and a delineation of roles and responsibilities in preparing for and conducting the review.
- D. During the site review:
  - (1) An entrance meeting is conducted by the SAT at the beginning of each on-site monitoring visit. The SAT meets with the LAT to review the process and tools. The program then has an opportunity to share its perceived strengths, needs, and challenges with regard to compliance and quality services.
  - (2) Members from the SAT and LAT monitor at least two different service coordination files per service coordinator utilizing a random file sample of children birth-1 year, 1-2 years, 2-3 years. SAT members provide specific training and technical assistance to the LAT prior to and during file reviews. The SAT and LAT review findings to identify issues and themes and determine if there is a need for further exploration. If needed, the SAT members randomly pull additional files or view all from a certain period of time or from a specific service/support coordinator or provider.
  - (3) Members from the SAT verify at least 10% of personnel files.
  - (4) Members from the SAT complete the Physical Set-up Checklist. See **Appendix F** for a copy of the Checklist.
  - (5) Members of the SAT conduct family interviews asking questions concerning the family's experience with the early intervention program, as appropriate.
  - (6) Programs are asked to set up home visit observations for SAT members to observe staff performance as part of the on-site review.
  - (7) An exit conference will be conducted by the SAT with all relevant staff at the end of an on-site visit to summarize preliminary findings from all monitoring and data sources and to begin the development of a corrective action plan.
- E. Upon completion of an on-site monitoring review:
  - (1) A draft report of findings is begun at the end of the site visit with the LAT. The completed draft is sent to the appropriate contracting agency and program representative within 30 calendar days of an on-site monitoring visit. The report outlines areas of compliance, areas

that must be improved to bring the program into compliance, and recommended or required strategies to improve program performance.

- (2) A written response must then be submitted to AzEIP within 14 calendar days of receipt indicating acceptance or disagreement with the findings, the basis of disagreement and documentation to support, and the proposed actions to correct deficiencies and provide necessary supporting documentation.
- (3) Within 14 calendar days of receiving the response, AzEIP issues a final report to the AzEIP service providing agency and contractor, if contracted. The report includes all findings, required corrective actions, and the program's responses to areas of noncompliance requiring corrective action.
- (4) AzEIP, in partnership with the AzEIP service providing agency, as appropriate, monitors progress towards the completion of required corrective action plans and provides technical assistance when necessary. Corrective measures and remedies may be applied when a program fails to achieve acceptable performance with the necessary technical assistance and support within the timelines outlined by AzEIP.

#### **2.4.5 Corrective Measures and Remedies**

1. All Corrective Action Plans (CAP), including those completed as part of a PSA, Desk Audit or Site Review visit, must be closed out with all items in compliance within one year, or sooner. That one year period begins on the date AzEIP notifies the AzEIP service providing agency and/or contractor in writing of its noncompliance, to the date AzEIP notifies the agency or contractor in writing that the noncompliance is corrected.
2. During the one year period, the agency and/or contractor submits progress reports of its efforts to correct items on the CAP to the AzEIP office.
3. At least two weeks prior to the one year mark, AzEIP will conduct a close-out visit to ensure areas of noncompliance have been corrected.
4. If correction has been verified, AzEIP will issue a close-out letter notifying the program of its correction of the areas of non-compliance.
5. In the event a program does not reach full compliance within the year, AzEIP will implement the appropriate corrective measures and remedies, such as:
  - A. Requiring submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
  - B. Focused monitoring visits to review files, meet with staff, identify strategies for improvement, and prepare a plan to address areas of non-compliance;



- C. Revising contract terms and provisions when necessary, and with appropriate notice;
- D. Adjusting or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;
- E. Suspending all or part of the contract; and
- F. Terminating the contract in whole or in part.

### 2.5.0 Local Reporting

**2.5.1 Authority:** 20 U.S.C. §1416, 1417, 1418, and 1442.

#### 2.5.2 Overview

1. As required by IDEA, Arizona has a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of Part C of IDEA, and describes how the State will improve its implementation. Arizona also must report annually on its progress in meeting the measurable and rigorous targets it established in its SPP.

#### 2.5.3 Policy

1. DES/AZEIP annually reports on the indicators from the SPP and publishes the statewide data publicly.
2. In addition to publishing statewide data, Arizona must report annually to the public on performance of each "early intervention services program" on Indicators 1 through 8 from the SPP as compared to the State's targets for these indicators.
3. "Early intervention services program" (EIS program) is defined as a county, unless otherwise noted through the local reporting mechanism.
4. The SPP Indicators 1 through 8 are divided into compliance and performance indicators. The following are compliance indicators, requiring 100% compliance:

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner;

Indicator 7: Percent of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline; and

Indicator 8: Percent of children exiting Part C who receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: (1) IFSPs with transition steps and services; (2) notification to LEA, if child potentially eligible for Part B; and (3) transition conference, if child potentially eligible for Part B.

The following indicators are performance indicators with the State targets set out in the SPP:

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children;

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved (1) positive social-emotional skills (including social relationships); (2) acquisition and use of knowledge and skills (including early language/communication); and (3) use of appropriate behaviors to meet their needs;

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family (1) know their rights; (2) effectively communicate their children's needs; and (3) help their children develop and learn.

Indicator 5: Percent of infants and toddlers birth to one with IFSPs; and

Indicator 6: Percent of infants and toddlers birth to three with IFSPs.

5. DES/AZEIP compiles the local report for each early intervention services (EIS) program's performance on the indicators, using data from the following sources:
  - A. Section 618 of IDEA;
  - B. On-Site monitoring visits;
  - C. Program self-assessments;
  - D. Desk audits;
  - E. Family surveys; and
  - F. Other sources as needed and identified.
6. DES/AZEIP shall report the most recent performance data on each EIS program and the date the data were obtained.
7. DES/AZEIP shall ensure that when monitoring or sampling data is used to collect data on an indicator, this data will be collected for each EIS program in the State at least once during the SPP reporting period.
8. The public report shall be accessible to individuals with disabilities and understandable to the public.

#### **2.5.4 Procedures**

1. Data collected for EIS programs through the Monitoring System will be compiled and compared with Arizona's targets for SPP Indicators 1 through 8.
2. DES/AZEIP will report publicly the performance of each EIS program on the required indicators from the SPP through broad dissemination, which will include, at a minimum, posting the public report on its website: [www.azdes.gov/azeip](http://www.azdes.gov/azeip).

#### **2.6.0 Determinations**

**2.6.1 Authority:** 20 U.S.C. §1416, 1417, 1418, and 1442.

**2.6.2 Policy**

1. DES/AzEIP reviews at least annually each EIS program's data for the SPP indicators gathered from the sources identified in Section 2.5.3 (5) and makes an annual determination of each EIS program.
2. The following information will be considered for making EIS program determinations:
  - A. Performance on compliance and performance indicators;
  - B. Uncorrected non-compliance from other sources;
  - C. The history, nature, and length of time of any reported noncompliance;
  - D. Evidence of correction, including progress towards full compliance;
  - E. Information regarding an EIS program's valid, reliable, and timely data; and
  - F. Verification or focused monitoring findings.
3. Based on the above information, DES/AzEIP will make one of the following determinations on each EIS program:
  - A. Meets Requirements;
  - B. Needs Assistance;
  - C. Needs Intervention; or
  - D. Needs Substantial Intervention.
4. In making these Determinations and in deciding the appropriate enforcement actions, DES/AzEIP will consider all information available to it at the time of the determination, including the history, nature, and length of time of any reported noncompliance, and any evidence of correction.
5. EIS programs that do not meet one or more of Arizona's performance targets identified in the State's SPP should closely examine the improvement strategies and activities identified in its CAP, as well as, the program's implementation of those strategies and activities and consider whether the program needs to change or adjust them.
6. Failure to meet performance targets may result in one or more of the corrective measures and remedies set forth in Section 2.3.0 (8).
7. The compliance indicators in the SPP, which require 100% compliance, are Indicators 1, 7 and 8. The performance indicators in the SPP are Indicators 2, 3, 4, 5 and 6.
8. Timely correction of identified non-compliance is correction within one year from the date of identification. The date of identification is defined as the date that AzEIP sends written notification to the program of its non-compliance.

9. The following are the State's guidelines for making determinations in one of the four categories:

**A. Meets Requirements**

- (1) DES/AzEIP will consider the following factors in determining whether an early intervention services program meets the requirements and the purposes of IDEA:
- (a) The EIS program demonstrates substantial compliance on all compliance indicators, which may include, as appropriate, a demonstration through quantitative and qualitative data that the EIS program:
    - timely corrects identified non-compliance for indicators that are not 'new' or where noncompliance was previously identified by the DES/AzEIP; and
    - has improvement strategies and activities in their CAP to timely correct identified noncompliance for 'new' indicators for which noncompliance was not previously identified by DES/AzEIP.
  - (b) All indicators, including performance indicators, have valid and reliable data as required by IDEA and AzEIP policy.
  - (c) The EIS program demonstrates that it timely corrects noncompliance identified by DES/AzEIP through monitoring or other means within one year from identification.

**B. Needs Assistance**

- (1) DES/AzEIP will consider the following factors in determining whether an EIS program needs assistance in meeting the requirements and the purposes of IDEA:
- (a) The EIS program does not demonstrate substantial compliance on one or more of the compliance indicators. Evidence related to substantial compliance can include, as appropriate, a demonstration through quantitative and qualitative data that the EIS program:
    - timely corrects identified noncompliance for indicators that are not 'new' or where noncompliance was previously identified by the DES/AzEIP, and
    - has improvement strategies and activities in their CAP to timely correct identified noncompliance for 'new' indicators for which noncompliance was not previously identified by DES/AzEIP.
  - (b) One or more indicators, including performance indicators, do not have valid and reliable data.
  - (c) The EIS program does not demonstrate that it timely corrects any noncompliance identified by DES/AzEIP through monitoring or other means.
- (2) If DES/AzEIP determines, for two consecutive years, that the EIS program needs assistance, DES/AzEIP shall take one or more of the following

enforcement actions, consistent with IDEA, Part C and AzEIP policies and procedures:

- (a) Requiring submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
- (b) Focused monitoring visits to review files, meet with staff, identify strategies for improvement, and prepare a plan to address areas of non-compliance;
- (c) Revising contract terms and provisions when necessary, and with appropriate notice;
- (d) Adjusting or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;
- (e) Suspending all or part of the contract; and
- (f) Terminating the contract in whole or in part.

### C. Needs Intervention

- (1) DES/AzEIP will consider the following factors in determining whether an EIS program needs intervention in meeting the requirements and the purposes of IDEA:
  - (a) The EIS program does not demonstrate substantial compliance on one or more of the compliance indicators and has not made significant progress in correcting noncompliance previously identified by DES/AzEIP on those indicators. Evidence related to substantial compliance can include, as appropriate, a demonstration through quantitative and qualitative data that the EIS program:
    - timely corrects identified noncompliance for indicators that are not ‘new’ or where noncompliance was previously identified by the DES/AzEIP, and,
    - has improvement strategies and activities in their CAP to timely correct identified noncompliance for ‘new’ indicators for which noncompliance was not previously identified by DES/AzEIP.
  - (b) One or more indicators, including performance indicators, are missing valid and reliable, and the EIS program has not made significant progress in correcting previously identified data problems.
  - (c) The EIS program does not demonstrate that it corrects noncompliance identified by DES/AzEIP through monitoring or other means, and has not made significant progress in correcting that noncompliance.
- (2) If DES/AzEIP determines, for three consecutive years, that the EIS program needs intervention, DES/AzEIP may take any of the actions described under needs assistance and shall take one or more of the

following corrective measures and remedies, consistent with IDEA, Part C and AzEIP policies and procedures:

- (a) Requiring submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
- (b) Focused monitoring visits to review files, meet with staff, identify strategies for improvement, and prepare a plan to address areas of non-compliance;
- (c) Revising contract terms and provisions when necessary, and with appropriate notice;
- (d) Adjusting or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;
- (e) Suspending all or part of the contract; and
- (f) Terminating the contract in whole or in part.

#### **D. Needs Substantial Intervention**

- (1) If DES/AzEIP determines, at any time, that a EIS program needs substantial intervention in implementing the Part C requirements and AzEIP policies and procedures or that there is a substantial failure to comply with any condition of a EIS program's contract or agreement with DES/AzEIP, DES/AzEIP will designate the EIS program as in need of substantial intervention. Among the factors that DES/AzEIP will consider are:
  - (a) The substantial failure to comply significantly affects the core requirements of the EIS program, such as the delivery of services to families with children with disabilities or the EIS program's ability to administer its program; and/or
  - (b) The EIS program has informed DES/AzEIP that it is unwilling to comply.
- (2) If DES/AzEIP determines, at any time, that the EIS program needs substantial intervention, DES/AzEIP shall take one or more of the following enforcement actions, consistent with IDEA, Part C and AzEIP policies and procedures:
  - (a) Requiring submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
  - (b) Focused monitoring visits to review files, meet with staff, identify strategies for improvement, and prepare a plan to address areas of non-compliance;
  - (c) Revising contract terms and provisions when necessary, and with appropriate notice;
  - (d) Adjusting or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;
  - (e) Suspending all or part of the contract; and

(f) Terminating the contract in whole or in part.

10. Under its general supervision authority, DES/AzEIP may at any time monitor and enforce the requirements of IDEA, regardless of the Determination of the EIS program's status.

### **2.6.3 Procedures**

1. DES/AzEIP will make a Determination for each EIS program on an annual basis, notifying the program in writing of its Determination.